PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Fiscal Year Beginning: 01/2010	Performing	☐ Sta	/ andard	PHA Code: AL189 HCV (Section 8)		
2.0	Inventory (based on ACC units at time of F Number of PH units: 300	Y beginning i		ICV units: _			
3.0	Submission Type	Annual I	Plan Only		5-Year Plan Only		
4.0	PHA Consortia	HA Consortia	a: (Check box if sub	mitting a joi	nt Plan and complete table bel	ow.)	
	Participating PHAs	PHA Code	Program(s) Inclu Consortia	ded in the	Programs Not in the Consortia	No. of Unit Program PH	ts in Each HCV
	PHA 1:					гп	ncv
	PHA 2:						
5.0	PHA 3: 5-Year Plan. Complete items 5.1 and 5.2 on	lv at 5-Year l	Plan undate				
	•	•	•				
5.1	Mission. State the PHA's Mission for serving jurisdiction for the next five years: The mission of the Authority is the same a affordable housing, economic opportunity	s that of the and suitable	Department of Ho	using and U nt free from	Jrban Development: To pron discrimination.	note adequate	and
5.2	Goals and Objectives. Identify the PHA's low-income, and extremely low-income fam and objectives described in the previous 5-Y Goals: Reduce the vacancies and turn-arollocal Police Depts. The Authority has met the goals and objectives described in the previous 5-Y Goals: Reduce the vacancies and turn-arollocal Police Depts.	ilies for the n ear Plan. ound times. I	ext five years. Include mplement security	ide a report	on the progress the PHA has needs with-in the developments	nade in meeting	g the goals
6.0	PHA Plan Update (a) Identify all PHA Plan elements that hav (b) Identify the specific location(s) where the elements, see Section 6.0 of the instructi A. No Change B. Copies of the 5 year plan are available	ne public may ons.	obtain copies of the	5-Year and	Annual PHA Plan. For a con	•	
7.0	Hope VI, Mixed Finance Modernization of Programs, and Project-based Vouchers.					ousing, Home	ownership
8.0	Capital Improvements. Please complete P	arts 8.1 throu	gh 8.3, as applicable	·.			
8.1	Capital Fund Program Annual Statement complete and submit the <i>Capital Fund Prog</i> open CFP grant and CFFP financing. COP	ram Annual S IES ARE IN	Statement/Performan CLUDED	nce and Eval	luation Report, form HUD-500	075.1, for each	current and
8.2	Capital Fund Program Five-Year Action Program Five-Year Action Plan, form HUD for a five year period). Large capital items r	-50075.2, and	l subsequent annual	updates (on	a rolling basis, e.g., drop curre		
	Capital Fund Financing Program (CFFP) ☐ Check if the PHA proposes to use any position of capital improvements.		apital Fund Progran	(CFP)/Rep.	lacement Housing Factor (RH	F) to repay deb	t incurred to

- 9.0 Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. The Authority has been able to serve all the low-income, very-low income and extremely low income families that reside in the jurisdiction of the Authority. The waiting lists are very small for all size units.
- 9.1 Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.

The Authority is striving to reduce the turn-around times of vacate units and reduce the waiting time of applicants on the waiting lists.

Additional Information. Describe the following, as well as any additional information HUD has requested.

- (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. THE AUTHORITY HAS MET THE GOALS AS OUTLINED IN THE 5 YEAR PLAN.
- (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" THE AUTHORITY'S DEFINITIONS ARE AS FOLLOWS.

SIGNIFICANT AMENDMENT---A SIGNIFICANT AMENDMENT WOULD BE THE ADDITION OF EMERGENCY AND NON-EMERGENCY WORK ITEMS THAT WERE NOT INCLUDED IN THE 5 YEAR OR ANNUAL PLAN, BUT REQUIRE IMMENDIATE ATTENTION TO CORRECT POTENTIAL PROBLEM AREAS.

SUBSTANTIAL DEVIATION---ANY ADDITION OR DELETION OF ANY NEW OR OLD PROGRAM OR ACTIVITY, CHANGES TO RENT OR ADMISSION POLICIES. A SUBSTANTIAL DECREASE OF FUNDS IN THE CAPITAL FUND PROGRAM THAT WOULD ELIMATE OR MODIFY MODERNIZATION WORK ITEMS THAT HAVE ALREADY BEEN APPROVED AND THAT WOULD RERQUIRE THE BOARD OF COMMISSIONERS TO ESTABLISH PRORITIES FOR THE REQUIRED MODERNIZATION WORK BASED OF THE AVAILABILITY OF FUNDS.

- 11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
 - (g) Challenged Elements

10.0

- (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

Part I: St	ummary					•
	e:TOP OF ALABAMA LL HOUSING AUTH.	Grant Type and Number Capital Fund Program Grant No: AL09P1 Replacement Housing Factor Grant No: Date of CFFP:	8950110			FFY of Grant: 2010 FFY of Grant Approval: 2010
		Reserve for Disasters/Emergencies		☐ Revised Annual Statem☐ Final Performance and		
Line	Summary by Development	Account	7	Total Estimated Cost	7	Total Actual Cost ¹
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not ex-					
3	1408 Management Improvem					
4	1410 Administration (may no	ot exceed 10% of line 21)	2,000.00			
5	1411 Audit		4,000.00			
6	1415 Liquidated Damages					
7	1430 Fees and Costs		18,674.00			
8	1440 Site Acquisition					
9	1450 Site Improvement		18,232.00			
10	1460 Dwelling Structures		303,000.00			
11	1465.1 Dwelling Equipment-	-Nonexpendable				
12	1470 Non-dwelling Structure	es				
13	1475 Non-dwelling Equipme	nt	17,932.84			
14	1485 Demolition					
15	1492 Moving to Work Demo	nstration				
16	1495.1 Relocation Costs					
17	1499 Development Activities	3 ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Su	ummary					
PHA Name TOP OF ALABAM REGIONA HOUSING	Grant Type and Number Capital Fund Program Grant No: AL09P18950110 Replacement Housing Factor Grant No: Data of CFED:				rant:2010 Frant Approval: 2010	
Type of Gr Origin		•		D	164	,
	nal Annual Statement Reserve for Disasters/Emergence	ies	Ц	Kevisea Anni	ual Statement (revision no:)
Perfor	rmance and Evaluation Report for Period Ending:			Final Perfori	nance and Evaluation Report	
Line	Summary by Development Account		Total Estimated Cost		Total A	ctual Cost ¹
		Origin	al Revise	d²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	134,547.16				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	498,386.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
	e of Executive Director Date 09/2	8/2009	Signature of Public I	Housing Di	rector	Date

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages		Cront Tv	no and Number			Fodoral	FFY of Grant: 2	010				
PITA Name: 10P OF ALA		Grant Type and Number Capital Fund Program Grant No:AL09P18950110 CFFP (Yes/ No): Replacement Housing Factor Grant No:				reuerar	rederai FFT of Grant. 2010					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No. Quantity		Total Estim	ated Cost	Total Actual Cost		Status of Work			
110011000					Original	Revised ¹	Funds Obligated ²	Funds Expended ²				
PHA WIDE	ADMIN		1410		2,000.00							
PHA WIDE	AUDIT		1411		4,000.00							
PHA WIDE	A&E FEES AND COSTS		1430		18674.00							
PHA WIDE	DWELLING STRUCTURES		1460		303,000.00							
	Install metal roofs, install security so replace storm doors as needed, repla HVAC as needed											
PHA WIDE	DEBT SERVICE		1501		134,547.16							
PHA WIDE	DWELLING EQUIP. NON-EXPEN	D.	1465.1		17,932.84							
	TOTAL				498,386.00							

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report

Part III: Implementation Sch	edule for Capital Fund	Financing Program			
PHA Name: TOP OF ALABAM		Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities		Obligated Ending Date)	All Fund (Quarter I	s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	09/30/2012		09/30/2014		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: S	ummary					•
	e:TOP OF ALABAMA AL HOUSING AUTH.	Grant Type and Number Capital Fund Program Grant No: AL091 Replacement Housing Factor Grant No: Date of CFFP:	P18950109			FFY of Grant 2009 FFY of Grant Approval: 2009
		☐ Reserve for Disasters/Emergencies t for Period Ending:		☐ Revised Annual Statem ☐ Final Performance and		
Line	Summary by Development	Account		Total Estimated Cost		Total Actual Cost 1
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	7				
2		ot exceed 20% of line 21) ³				
3	1408 Management Impr					
4	1410 Administration (ma	ay not exceed 10% of line 21)	2.000.00			
5	1411 Audit		4,000.00			
6	1415 Liquidated Damag	es				
7	1430 Fees and Costs		18,674.00			
8	1440 Site Acquisition					
9	1450 Site Improvement		18,832.00			
10	1460 Dwelling Structure	es s	303,000.00			
11	1465.1 Dwelling Equipm	ent—Nonexpendable	,			
12	1470 Non-dwelling Struc	ctures				
13	1475 Non-dwelling Equi	pment	14,296.09			
14	1485 Demolition		ĺ			
15	1492 Moving to Work D	emonstration				
16	1495.1 Relocation Costs					
17	1499 Development Activ	rities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Su	ummary					
PHA Name TOP OF ALABAM REGIONA HOUSING	Grant Type and Number Capital Fund Program Grant No: AL09P18950109 Replacement Housing Factor Grant No: Data of CFED:				Grant:2009 Grant Approval: 2009	
Type of Gr						
Origii	nal Annual Statement Reserve for Disasters/Emergence	cies		☐ Revised Ann	ual Statement (revision no:)
Perfor	rmance and Evaluation Report for Period Ending:			Final Perform	mance and Evaluation Report	
Line	Summary by Development Account		Total Estimated C	Cost	Total A	ctual Cost 1
		Origin	al	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	137,583.91				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	498,386.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
	e of Executive Director Date 9/28/	/2009	Signature of	Public Housing D	rector	Date

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

AUTH. Capital I			ype and Number Fund Program Grant No:AL09P18950109 Fes/ No): nent Housing Factor Grant No:				Federal FFY of Grant: 2009				
Development Number Name/PHA-Wide Activities	General Description of Majo Categories	or Work	Development Account No.	Quantity	Total Estimate	ed Cost	ost Total Actual Cost		Status of Work		
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²			
PHA WIDE	ADMIN		1410		2,000.00						
PHA WIDE	AUDIT		1411		4,000.00						
PHA WIDE	A&E FEES AND COSTS		1430		18,674.00						
PHA WIDE	SITE IMPROVEMENTS		1450		18,832.00						
	Repair sidewalks, parking bays, and yards as needed.	l re-sod									
PHA WIDE	DWELLING STRUCTURES		1460		303,000.00						
	Install metal roofs, replace sto and windows, install security screen				,						
PHA-WIDE	NON-DWELLING EQUIP. NON- EXPENDABLE Replace lawn equipment	3	1475		14296.09						
PHA WIDE	DEBT SERVICE		1501		137,583.91						
	TOTAL				498,386.00						

 $^{^{\}rm 1}$ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report

Part III: Implementation Sch	edule for Capital Fund	Financing Program			
PHA Name: TOP OF ALABAN	MA REGIONAL HOUSIN	Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	All Fund (Quarter I	d Obligated Ending Date)	All Fund (Quarter I	s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	09/15/2011		09/14/2013		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/3<u>0/2011</u>

Part I: St	ummary					
	Capital Replace	Type and Number Fund Program Grant No: AL09S1 ement Housing Factor Grant No: CCFFP:	8950109			FFY of Grant: 2009 FFY of Grant Approval: 2009
		ve for Disasters/Emergencies od Ending:		☐ Revised Annual Statement (☐ Final Performance and Eva		
Line	Summary by Development Account			Estimated Cost		tal Actual Cost 1
			Original	Revised ²	Obligated	Expended
1	Total non-C	FP Funds				
2	1406 Operations (may not	exceed 20% of line 21) 3				
3	1408 Management	t Improvements				
4	1410 Administration (may n	not exceed 10% of line 21)				
5	1411 A	udit				
6	1415 Liquidate	ed Damages				
7	1430 Fees a	nd Costs	38,558.00	38,558.00	38,558.00	14,470.00
8	1440 Site Ac	equisition				
9	1450 Site Imp	provement				
10	1460 Dwelling	Structures	604,088.00	604,088.00	604,088.00	20,487.50
11	1465.1 Dwelling Equipm	nent—Nonexpendable				
12	1470 Non-dwelli	ng Structures				
13	1475 Non-dwellin	ng Equipment				
14	1485 Dem	nolition				
15	1492 Moving to Wor	rk Demonstration				
16	1495.1 Reloca	ation Costs				
17	1499 Developme	ent Activities 4				

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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⁴ RHF funds shall be included here.

Part I: St	ummary				
PHA Name TOP OF ALABAM REGIONA HOUSING	Grant Type and Number Capital Fund Program Grant No: AL09S18950109 Replacement Housing Factor Grant No: Data of CEEP.			FFY of Grant 2009 FFY of Grant Approval: 2009	
Type of Gr					
Origi	nal Annual Statement Reserve for Disasters/Emergence	eies	□ Re	evised Annual Statement (revision no:)
Perfo	rmance and Evaluation Report for Period Ending:		☐ Fi	nal Performance and Evaluation Report	
Line	Summary by Development Account		otal Estimated Cost		Actual Cost 1
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	642,646.00	642,646.00	604,088.00	20,487.50
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
77 11 22 22	re of Executive Director Date09/16	/2009	Signature of Public Ho	ousing Director	Date

 ¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pag	es									
PHA Name: TOP OF AL AUTH.	Grant Type and Number Capital Fund Program Grant No: AL09S18950109 CFFP (Yes/ No): Replacement Housing Factor Grant No:					Federal FFY of Grant: 2009				
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cos		t Total Actual Cost		ost	Status of Work
					Original	Re	vised 1	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	A&E FEES & COST		1430		38,558.00			38,558.00	14,470.00	
AL189-5	DWELLING STRUCTUR	ES	1460	30	604,088.00			604,088.00	20,487.50	
TRAINGLE ACRES	Install screens, replace exter doors	rior								
AL189-8 IDER	Remove shingles and install met	tal roofs		40						
HOMES	includes office									
AL189-11 MADISON HOMES	Remove shingles and install met includes office	tal roofs		50						
	TOTALS				642,646.00			642,646.00	34,957.50	

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² To be completed for the Performance and Evaluation Report

Part III: Implementation Scho	edule for Capital Fund	Financing Program			
PHA Name: TOP OF ALABAM	IA REGIONAL HOUSIN	G AUTHORITY			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	Name/PHA-Wide (Quarter Ending Date)			s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure Actual Expenditure End Date Date		
PHA-WIDE	03/31/2010		06/30/2012		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: S	ummary					
	e:TOP OF ALABAMA LL HOUSING AUTH. Gra Capi Repl Date		FFY of Grant: 2008 FFY of Grant Approval: 2008			
Type of Gi						
		serve for Disasters/Emergencies		Revised Annual Statement (revis		
	mance and Evaluation Report for Pe			Final Performance and Evaluation		
Line	Summary by Development Account	nt		stimated Cost		Actual Cost 1
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20	0% of line 21) ³				
3	1408 Management Improvements					
4	1410 Administration (may not excee	ed 10% of line 21)	2,000.00	2,319.44	2,319.44	2,319.44
5	1411 Audit		4,000.00	1,250.00	1,250.00	1,250.00
6	1415 Liquidated Damages					
7	1430 Fees and Costs		18,674.00	18,674.00	18,674.00	18,674.00
8	1440 Site Acquisition					
9	1450 Site Improvement		18,232.00	7,737.39	7,737.39	7,737.39
10	1460 Dwelling Structures		293,000.00	300,423.36	248,580.00	241,424.00
11	1465.1 Dwelling Equipment—None	expendable				
12	1470 Non-dwelling Structures	-	0.00	41,900.00	41,900.00	41,900.00
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration	on				
16	1495.1 Relocation Costs					
17	1499 Development Activities 4					

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

Part I: Su	ımmary					
PHA Name TOP OF A REGIONA	LA. Grant Type and Number Conital Fund Program Grant No. AI 00D18050108				of Grant:2008 of Grant Approval: 2008	
HOUSING	Poplacement Housing Factor Crent No.					
Type of Gr	ant					
Origin	nal Annual Statement Reserve for Disasters/Emergenci	ies		□ Revised	Annual Statement (revision no: 2)
Perfo	rmance and Evaluation Report for Period Ending:			Final Pe	erformance and Evaluation Report	
Line	Summary by Development Account		Total Estir	nated Cost	Total	Actual Cost 1
		Origina	1	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	135,394.81		135,374.81	135,394.81	135,394.81
18ba	9000 Collateralization or Debt Service paid Via System of Direct					
	Payment					
19	1502 Contingency (may not exceed 8% of line 20)	36,39	8.19	0.00	0.00	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	507,699.	00	507,699.00	455,855.64	313,304.83
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signatur	e of Executive Director Date	09/01/2009	Signatu	re of Public Housin	g Director	Date
K	any w Stanfield				_	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages	5									
PHA Name:TOP OF ALABAMA REGIONAL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: AL0P18950108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal	Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work Development Account No.		Quantity Total Estin		nated Cost	Total Actual Cost		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA-WIDE	ADMIN.		1410		2,000.00	2,319.44	2,319.44	2,319.44		
PHA-WIDE	AUDIT		1411		4,000.00	1,250.00	1,250.00	1,250.00		
PHA-WIDE	FEES & COST		1430		18,674.00	18,674.00	18,674.00	18,674.00		
PHA-WIDE	SITE IMPROVEMENT		1450		18,232.00	7,737.39	7,737.39	7,737.39		
	Constructed signs at all locations and office.									
PHA-WIDE	DWELLING STRUCTURES		1460		293,000.00	300,423.36	248,580.00	241,424.00		
	Install HVAC at Tanner Homes, install screens, replace doors, install HVAC a Acres									
PHA-WIDE	Non-dwelling structures		1470		0.00	41,900.00	41,900.00	41,900.00		
	Installed metal roof on central office replaced windows	ce and								
PHA-WIDE	DEBT SERVICE		1501		135,394.81	135,394.81	135,384.81	0.00		
PHA-WIDE	CONTINGENCY		1502		36,398.19	0.00	0.00	0.00		
	TOTAL				507,699.00	507,699.00	455,855.64	313,304.83		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report

Part III: Implementation Sch	edule for Capital Fund	Financing Program			
PHA Name: TOP OF ALAB		Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	All Fund Obligated All Funds Expended (Quarter Ending Date) (Quarter Ending Date)			Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure Actual Expenditure End Date Date		
PHA-WIDE	09/30/2010		09/30/2012		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

PAR	T I: SUMMARY						
PHA	: TOP OF ALABAMA REGIONA	AL HOUSING AUTH	Locality (BOAZ, MA	ARSHALL, ALABAMA)	☑Original 5-Year Plan ☐Revision No:		
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY2011	Work Statement for Year 3 FFY2012	Work Statement for Year 4 FFY2013	Work Statement for Year 5 FFY2014	
В	Physical Improvements Subtotal	Annual Statement	339,775.13	323,000.00	339,706.11	338,645.70	
C.	Management Improvements						
D.	PHA-Wide Non-dwelling Structures and Equipment			18,074.65			
Е	Administration		2,000.00	2,000.00	2,000.00	2,000.00	
F.	Other		22,180.00	22,180.00	22,180.00	22,180.00	
G.	Operations						
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service		134,430.87	133,131.35	134,499.89	135,560.30	
K.	Total CFP Funds		498,386.00	498,386.00	498,386.00	498,386.00	
L.	Total Non-CFP Funds						
M.	Grand Total		498,386.00	498,386.00	498,386.00	498,386.00	

Page 17

Expires 4/30/2011

Part II: Sup	porting Pages – Physi	cal Needs Work State	ment(s)			
Work	Work St	tatement for Year2_		Work Stat	tement for Year:3_	
Statement for	F	FY 2011	_	FI	FY2012	_
Year 1 FFY	Development	Quantity	Estimated Cost	Development	Quantity	Estimated Cost
2010	Number/Name			Number/Name		
	General Description of			General Description of		
	Major Work Categories			Major Work Categories		
SEE	, o					
Annual	AL189-3 OWENS			AL189-4 & 189-6		
	COURT—AL189-1			GURLEY GARDENS		
Q	HIDDEN SPRINGS					
Statement						
	INSTALL METAL	60	303,000.00	INSTALL METAL	50	303,000.00
	ROOFS DWELLING EQUIP. NON-	75	36,775.13	ROOFS PHA-WIDE		
	EXPENDABLE	75	30,773.13	SITE IMPROVEMENTS		20,000.00
	Replace ranges and ref.			Repair sidewalks, parking		20,000.00
				bays re-sod as needed NON-DWELLING EQUIP.		
				Replace lawn equipment		18,074.65
	ADMIN.		2,000.00	ADMIN.		2,000.00
	A&E FEES & COST		18,180.00	A&E FEES & COSTS		18,180.00
	DEBT SERVICE		134,430.87	DEBT SERVICE		133,131.35
	AUDIT		4,000.00	AUDIT		4,000.00
	Sub	ototal of Estimated Cost	\$498,386.00	Subto	otal of Estimated	\$498.386.00
				Cost		
Dogo 10	-			•	£ IIIID /	50075 2 (A/20/2000)

Page 18

form HUD-50075.2 (4/28/2008)

Part II: Sup	porting Pages – Physica	l Needs Work State	ment(s)				
Work	Work Stat	tement for Year4_		Work Statement for Year:5			
Statement for	FFY			FFY2014			
Year 1 FFY2010	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	
SEE							
Annual	AL189-9 TANNER HOMES and AL189-1 HIDDEN SPRINGS CT.			PHA-WIDE			
Statement							
	INSTALL METAL ROOFS	70	303,000.00	INSTALL SECURITY SCREENS	200	303,000.00	
	PHA-WIDE Repair parking bays, landscape areas.		36,701.11	REPAIR SIDEWALKS AND PARKING BAYS RE-SOD AND LANDSCAPE AREAS REPLACE		14,471.70	
				REFLACE REFRIGERATORS & RANGES	35	21,174.00	
	ADMIN.		2,000.00	ADMIN.		2,000.00	
	A&E FEES & COST		18,180.00	A&E FEES & COSTS		18,180.00	
	DEBT SERVICE		134,499.89	DEBT SERVICE		135,560.30	
	AUDIT		4,000.00	AUDIT		4,000.00	
	Subtotal of Estin	mated Cost	\$498,386.00	Subtotal of Estim	ated Cost	\$498,386.00	

PUBLIC HEARINGS

BOARD OF COMMISSIONERS

A meeting was held on August 18, 2009 with the Board of Commissioners on the 5 year and Annual plan being prepared for FY2010. Items discussed were the work items that were planned, depending on the funding received by the Authority. Items included installing metal roofs, install security screens, replacing exterior doors as needed, replacing HVAC units as required. Additional parking bays will be added and landscaping at all Developments as needed. BOARD WAS PLEASED WITH THE WORK PLANNED AND NO COMMENTS WERE RECEIVED.

RESIDENT ADVISORY COUNCIL

A meeting was held on August 25, 2009 with the Resident Advisory Councils of Ider Homes and Hidden Springs Court. Residents were invited to attend, but no one attended. Items discussed with the Council were the on-going work items and work that was planned if funds become available. Council was advised, metal roofs would be installed at Hidden Springs Court when funding becomes available, security screens will be installed on all windows, some landscaping would be completed and would try to add some additional parking spaces. COUNCIL WAS PLEASED WITH THE WORK PROPOSED AND WHAT HAD BE ACCOMPLISHED.

A meeting was held on August 25, 2009 with the Resident Advisory Council of Triangle Acres, Residents were invited to attend but no one attended. Comments were about additional parking bays, how long it will take to install the HVAC. All comments were addressed. COUNCIL WAS PLEASED WITH THE WORK PROPOSED.

A meeting was held on August 28, 2009 with the Resident Advisory Councils of Madison Homes, Tanner Homes, Owens Court and Gurley Gardens. Residents were invited to attend, but no one attended. Comments received concerned, metal roofs, security screens and landscaping. All the comments were addressed. COUNCILS WAS PLEASED WITH THE WORK PROPOSED.

PUBLIC HEARINGS

Notices were published in local newspapers informing the public of the hearing to be held concerning the 5-year and Annual Plans. The dates are as follows:

September 15, 2009---TRIANGLE ACRES, GURLEY GARDENS
September 16, 2009---ARDMORE HOMES, MADISON HOMES, TANNER HOMES, OWENS COURT
September 17, 2009---HIDDENS SPRINGS COURT, IDER HOMES

Public hearings were held on the above dates. Those attending were pleased with the plan outline and no comments were received.

VIOLENCE AGAINST WOMEN ACT

The Top of Alabama Regional Housing Authority is striving to fully comply with all requirements of the Violence against women Act. The Authority will not deny admission to an applicant who has been a victim of domestic violence, dating violence, or stalking. To be admitted to the program the applicant must meet all other admission requirements.

The Authority will not terminate assistance to a victim of domestic violence, dating violence, or stalking based solely on an incident or threat of such activity. The Authority still retains the right to terminate assistance for other criminal activity or good cause.

The Authority when notified of cases of domestic violence, dating violence, sexual assault or stalking, the victims are referred to the agencies in the County, City or Town were the violence occurred.

The Authority provides all applicants with information regarding the Violence Against Women Act during the application process.